SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:					PAGE 14		43 OF	=	341
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
	<u> </u> ×	11a		11b		11c		12		
,		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
igr > New York Life Insurance Compa	any Political Action Committee					
Full Name (Last, First, Middle Initial) Ms. Maureen Foley	Date of Receipt					
Mailing Address 474 48th Avenue Apt. 12C	07 31 2014					
City	State Zip Code	Transaction ID : PR30610829				
Long Island City	NY 11109-5612	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation					
New York Life Insurance Company	Agent					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)				
Full Name (Last, First, Middle Initial) Mr. Michael M. Oleske		Date of Receipt				
Mailing Address 59 the Neck	M = M / D = D / Y = Y = Y					
City	State Zip Code	07 31 2014 Transaction ID : PR30810829				
Manhasset	NY 11030-1315	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
New York Life Insurance Company	Svp, Deputy Gc & Chief Tax Counsel					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	P/R Deduction (\$50.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) C. Ms. Michelle R. Albright	Date of Receipt					
Mailing Address 2006 Sea Palms Drive West	07 31 2014					
City	State Zip Code	Transaction ID : PR316092010829				
St. Simons Island	GA 31522-0000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer						
New York Life Insurance Company	, ,					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1400.00	P/R Deduction (\$200.00 Monthly)				
SUBTOTAL of Receipts This Page (optional)		330.00				
TOTAL This Period (last page this line number only)						